



**Summer Music Festival
PARTICIPATION AGREEMENT**

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK,
AGREEMENT TO PAY CLAIMS, AND CONSENT TO MEDIA COVERAGE**

I, the undersigned participant, am requesting to participate in one or more camps as part of Concordia University Irvine's Summer Music Festival, from June 10, 2024 through July 26, 2024 (the Activity"). I understand that **my participation in the Activity may result in injuries to me or others** resulting from walking, running, climbing stairs, and/or lifting among other dangers associated with the Activity.

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** Concordia University Irvine or its regents, trustees, officers, employees, representatives, volunteers or agents (collectively, the "University") for any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the activities of the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health and automobile insurance.

I certify that I am in good health and have no physical condition that would prevent my participation in this Activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if any accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in this Activity, and I consent to the use and publication of such photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose by the University, without compensation to me from the University.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b), promising not to sue the University, (c) assuming all risks of participating in this Activity, including travel to, from and during the Activity, and (d) consent to media coverage and publication without compensation.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

SIGNATURE PAGE TO FOLLOW



I have read this document and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Participant's signature _____ Date _____

Emergency contact name (print) _____ (Area code) Phone number _____

Participant's Name (print) _____ (Area code) Phone number _____

Relationship to the participant _____

List medical/prescription information below: _____

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) assuming all risks of the Participant's participation in the Activity, including travel to, from and during the Activity, and (d) consent to media coverage and publication without compensation.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in the document. I agree to be bound by the terms of the document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Print Name of Minor Participant's Parent/Guardian _____

Date _____

Signature of Minor Participant's Parent/Guardian _____

Minor Participant's Name _____